

USAC
UNIVERSAL SERVICE
ADMINISTRATIVE CO

2120 L Street, NW
Suite 600
Washington, DC 20037

DOCKET FILE COPY ORIGINAL

Ellen Wolfhagen
Attorney

Voice: (202) 776-0200
Fax: (202) 776-0080

E-mail: ewolfhagen@universalservice.org

July 1, 1999

Ms. Magalie Roman Salas
Secretary
Federal Communications Commission
445 12th Street, S.W.
12th Street Lobby
TW-A325
Washington, D.C. 20554

RECEIVED

JUL 1 1999

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

CORRECTED SUBMITTAL

In re: Notice of Ex Parte Presentation in Request of
BELLEVUE (OH) PUBLIC LIBRARY for
Review of Decision of Universal Service
Administrator, **CC Docket Nos. 97-21 and 96-45**

Dear Ms. Salas:

Attached is the complete FCC Form 470 submitted to the Schools and Libraries Division by Bellevue Public Library concerning their application under Subpart F of Part 54 of the Commission's Rules. This submittal corrects the prior filing by USAC SLD on the same concern dated June 28, 1999, which included an incomplete FCC Form 470.

In accordance with Commission rules I am submitting two copies of this notice to the Office of the Secretary in each docket. Please acknowledge receipt hereof by affixing a notation on a duplicate copy of this letter furnished herewith for such purposes and remitting same to the bearer.

Sincerely,



Ellen Wolfhagen
Counsel
Schools and Libraries Division

cc: Beth Valinoti
Sharon Webber
Matt Vitale
Tom Power
Linda Kinney
Kyle Dixon
Kevin Martin
Sarah Whitesell
Bellevue Public Library

FCC Form

Approval by OMB
3060-0806

470

Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6.0 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

Posting Date: Not posted
Allowable Contract Date: 03/30/1998
Certification Received Date: 03/10/1998

1. Name of Applicant: BELLEVUE PUBLIC LIBRARY		2. Funding Year: 01/01/1998 - 06/30/1999	
3a. NCES School Code (if individual school) Or NCES Library Code (if individual library) State: - District: - School/Library:			
3b. Universal Service Control Number: 228240000646701		3c. Applicant ID Number: 129723	
4a. Type Of Applicant (Check only one box) <input type="checkbox"/> school <input type="checkbox"/> school district <input checked="" type="checkbox"/> library or library consortium under the ESEA <input type="checkbox"/> consortium of multiple entities			
4b. If Applicant is a consortium, check all other boxes that apply: <input type="checkbox"/> includes non-governmental entities ineligible for support <input type="checkbox"/> entity desires separate bills for each member of consortium <input type="checkbox"/> entity desires separate bills for some members of consortium <input type="checkbox"/> region of a state <input type="checkbox"/> statewide <input type="checkbox"/> multi-state		<input type="checkbox"/> state educational agency <input type="checkbox"/> local educational agency <input type="checkbox"/> educational service agency	
5. Applicant's Street Address, P.O.Box, or Route Number			
Street: 224 E MAIN ST			
City: BELLEVUE	State: OH	Zip Code 5Digit: 44811	Zip Code 4Digit: 1409
Telephone number Ext: (419) 4834769		E-mail Address: lmcarter@bellevue.lib.oh.us	
6. Contact Person's Name: Molly Carver			
Street Address, P.O.Box, or Route Number (if different from Item 5) Street: 224 East Main Street			
City: Bellevue	State: OH	Zip Code 5Digit: 44811	Zip Code 4Digit: 1409
Fill in all of the following (if available), and check the preferred mode of contact:			
<input checked="" type="checkbox"/> Telephone Number Ext: (419) 4834769	<input checked="" type="checkbox"/> Fax Number Ext: (419) 4836135	<input checked="" type="checkbox"/> E-mail address: lmcarter@bellevue.lib.oh.us	<input type="checkbox"/> Mail:

Block 2: Other Characteristics Of Applicant

7a. Number of students: 1	7b. Number of library patrons: 8146
8. Number of buildings to be served: 1	9. Number of rooms to be served: 10

Block 3: Summary Description of Needs or Services Requested

10. ☒ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4.

Sequence # 9851	Date Contract Signed 01/01/0098	Contract Termination Date 12/31/0098
--------------------	------------------------------------	---

11. ☐ Check here if you have a Request for Proposal(RFP) available. If RFP is posted on a website, provide the website address

(1)	(2)	(3)	(4)	(5)
	Existing Services	Additional Services Desired	Total Services Desired	Details (Optional)
12. Telecommunications Services				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)				
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)				
13. Internal Connections				
a. Number of buildings with at least some rooms connected				
b. Number of rooms connected				
c. Highest Speed of connection				
d. Specify other (Optional)				
14. Internet Access				
a. Number of dial up connections necessary				
b. Highest speed of dial up connections				
c. Number of direct connections necessary				
d. Highest speed of such direct connections				
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals.

16. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below (Providing this information is optional.)

Block 4: Technology Assessment

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application.

(If your application is only for basic voice telephone service, check this box

☒ *and go to Item 19. Otherwise, you must check at least one box in each of the other lines. You may provide details for purchases being sought.)*

- a. Desktop communications software: Software required ☐ has been purchased; and/or ☐ is being sought.
- b. Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.
- c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☐ is being sought.
- d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☐ are being sought.
- e. Staff development: ☐ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☐ training is being sought.
- f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

Block 5: Listing Consortium Participants

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
BELLEVUE PUBLIC LIBRARY	44811	129723	

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipients of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method
----------------	--------------------------------------	----------------	---

Block 6: Certifications and Signature

21. **The applicant includes:** (Check one or both)

a. ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges, and universities.

22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:

a. ☒ individual technology plans and/or

b. ☐ higher-level technology plans for using the services requested in this application (if those services consist of other than voice services).

23. **Status of technology plan (check one):**

a. ☒ Technology plan(s) has/have been approved; or

b. ☐ Technology plan(s) will be approved by a state or other authorized body; or

c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.

24. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

25. ☒ I recognize that support under this program is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

26. ☒ I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

29. Printed name of authorized person

Molly Carver

30. Title or position of authorized person

Director

